

## **PHOTO/VIDEO RELEASE FORM**

I hereby give permission for images of my child, captured during regular and special Edgar May Health & Recreation Center Stingrays Swim Team activities through video, photo and digital camera, to be used solely for the purposes of EMHRC promotional material and publications, and waive any rights of compensation or ownership thereto.

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**Name of Participant (please print)**

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**Name of Parent/Guardian (please print)**

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**Parent/Guardian signature**

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**Date**

**Please return to the Front Desk ASAP.**